

Town of Uxbridge
BOARD OF HEALTH
TOWN HALL
21 South Main Street
Uxbridge, Massachusetts 01569
(508) 278-8604

APPLICATION FOR MASSAGE THERAPY PERMIT

\$100.00 for initial application. If application is renewed on timely basis the fee is \$30.00 per year (non-refundable fee due upon approval of application/renewal)

A. Definition of services to be provided:

B. Name of Applicant: _____

Residential address: _____

Mailing address if different: _____

C. List all telephone numbers where applicant can be contacted before, during and after work.

D. Name and address of any massage therapy business or establishment owned or operated by applicant:

E. List your massage therapy or similar business license history:

1. Have you previously operated in this or another town or state? **Yes** **No**

If yes, list details. _____

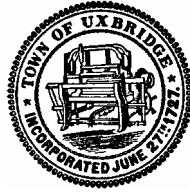
2. Have you had a business license revoked or suspended and the reason therefore:

F. Applicants: Height ____ ft. ____ ins. Weight _____ lbs.

Eye Color _____ Hair Color _____ Sex _____

G. **Attach** written evidence that you are at least (20) years of age. (Copy of driver's license).

H. **Attach** proof of a skin test for tuberculosis within the last year. **Tuberculosis testing is now required yearly.**



- I. **Attach** satisfactory evidence that the applicant has completed an approved course of study in massage therapy or bodywork or movement education, as approved by the ACCSCT or AMTA.
- J. **Attach** one face front recent photograph at least 2"X2".
- K. **Attach** the names, current addresses and written statements of at least two (2) residents of the Commonwealth of Massachusetts, preferably one residing in the Town of Uxbridge, that the applicant is of good moral character. These references must be persons other than relatives or business associates.

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct.

Signature of Applicant: _____

Date: _____